LAKEWOOD HEALTH/REHABILITATION CENTER

2115 EAST WOODSTOCK PLACE

MILWAUKEE 53202	Phone: (414) 271-1020	)	Ownership:	Corporation
Operated from 1/1 To 3	2/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction	rith Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up a	d Staffed (12/31/03):	196	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capa	ity (12/31/03):	196	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 3	2/31/03:	183	Average Daily Census:	178

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (	12/31/03)	Length of Stay (12/31/03)	8	
Home Health Care	No	Primary Diagnosis	%	Age Groups	웅		9.8 37.2	
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No   No	Developmental Disabilities	0.0	   Under 65	17 <b>.</b> 5	1 - 4 Years   More Than 4 Years	35.0	
Day Services	No	· · · · · · · · · · · · · · · · · · ·	20.2		24.0			
Respite Care	Yes	Mental Illness (Other)	8.2	75 - 84	28.4		82.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	26.2	********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	3.8	Full-Time Equivalent		
Congregate Meals No		Cancer	0.0			-   Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	8.2		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	8.7	65 & Over	82.5			
Transportation	No	Cerebrovascular	13.1			RNs	6.9	
Referral Service	No	Diabetes	6.0	Gender	용	LPNs	12.3	
Other Services	No	Respiratory	4.4			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	31.1	Male	32.8	Aides, & Orderlies	34.3	
Mentally Ill	No			Female	67.2			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0	I		

## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay			Family Care			anaged Care			
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	영	Per Diem (\$)	No.	양	Per Diem (\$)	No.	%	Per Diem (\$)	No.	୍ଚ	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	4	3.4	147	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	2.2
Skilled Care	24	100.0	319	100	84.0	126	21	100.0	126	5	100.0	158	14	100.0	126	0	0.0	0	164	89.6
Intermediate				15	12.6	105	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	15	8.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	24	100.0		119	100.0		21	100.0		5	100.0		14	100.0		0	0.0		183	100.0

LAKEWOOD HEALTH/REHABILITATION CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
	I				% Needing		Total
Percent Admissions from:		Activities of	용	As	sistance of	<u>-</u>	Number of
Private Home/No Home Health	8.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	14.0	Bathing	3.8		56.8	39.3	183
Other Nursing Homes	1.5	Dressing	17.5		51.9	30.6	183
Acute Care Hospitals	66.2	Transferring	24.0		47.5	28.4	183
Psych. HospMR/DD Facilities	1.5	Toilet Use	20.8		46.4	32.8	183
Rehabilitation Hospitals	0.7	Eating	65.0		20.8	14.2	183
Other Locations	8.1	******	******	*****	*****	******	*****
Total Number of Admissions	136	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	9.8	Receiving Resp	iratory Care	9.3
Private Home/No Home Health	9.4	Occ/Freq. Incontiner	nt of Bladder	52.5	Receiving Trac	heostomy Care	0.5
Private Home/With Home Health	34.1	Occ/Freq. Incontine	nt of Bowel	36.1	Receiving Suct	ioning	0.0
Other Nursing Homes	1.4	<del>-</del>			Receiving Osto	my Care	3.3
Acute Care Hospitals	18.1	Mobility			Receiving Tube	Feeding	8.7
Psych. HospMR/DD Facilities	1.4	Physically Restraine	ed	7.1	Receiving Mech	anically Altered Diets	31.7
Rehabilitation Hospitals	0.0				3	-	
Other Locations	6.5 i	Skin Care			Other Resident C	haracteristics	
Deaths	29.0 i	With Pressure Sores		8.7	Have Advance D	irectives	77.6
Total Number of Discharges	i	With Rashes		6.0	Medications		
(Including Deaths)	138 i			- / -	Receiving Psyc	hoactive Drugs	67.8

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

***************	*****	****	*****	*****	*****	*****	****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	s Proprietary			-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8 8		% Ratio		% Ratio		Ratio	왕	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.8	84.7	1.07	87.0	1.04	86.6	1.05	87.4	1.04
Current Residents from In-County	97.3	81.8	1.19	86.4	1.13	84.5	1.15	76.7	1.27
Admissions from In-County, Still Residing	37.5	17.7	2.12	18.9	1.98	20.3	1.85	19.6	1.91
Admissions/Average Daily Census	76.4	178.7	0.43	166.7	0.46	157.3	0.49	141.3	0.54
Discharges/Average Daily Census	77.5	180.9	0.43	170.6	0.45	159.9	0.48	142.5	0.54
Discharges To Private Residence/Average Daily Census	33.7	74.3	0.45	69.1	0.49	60.3	0.56	61.6	0.55
Residents Receiving Skilled Care	91.8	93.6	0.98	94.6	0.97	93.5	0.98	88.1	1.04
Residents Aged 65 and Older	82.5	84.8	0.97	91.3	0.90	90.8	0.91	87.8	0.94
Title 19 (Medicaid) Funded Residents	65.0	64.1	1.01	58.7	1.11	58.2	1.12	65.9	0.99
Private Pay Funded Residents	2.7	13.4	0.20	22.4	0.12	23.4	0.12	21.0	0.13
Developmentally Disabled Residents	0.0	1.1	0.00	1.0	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	28.4	32.2	0.88	34.3	0.83	33.5	0.85	33.6	0.85
General Medical Service Residents	31.1	20.8	1.50	21.0	1.48	21.4	1.46	20.6	1.52
Impaired ADL (Mean)	51.6	51.8	1.00	53.1	0.97	51.8	1.00	49.4	1.04
Psychological Problems	67.8	59.4	1.14	60.0	1.13	60.6	1.12	57.4	1.18
Nursing Care Required (Mean)	8.5	7.4	1.16	7.2	1.19	7.3	1.18	7.3	1.17